

**SOUTH CAROLINA DEPARTMENT OF  
ALCOHOL AND OTHER DRUG ABUSE SERVICES  
(DAODAS)**

**ANNUAL  
ACCOUNTABILITY  
REPORT**

**FISCAL YEAR 1999-2000**

October 20, 2000

Office of State Budget  
Attention: Karen Amos  
1122 Lady Street, 12<sup>th</sup> Floor  
Columbia, South Carolina 29201

Dear Ms. Amos:

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is pleased to transmit the Accountability Report for Fiscal Year 1999-2000.

Pursuant to Title 44, Chapter 49 of the South Carolina Code of Laws, as amended, DAODAS has full authority for formulating, coordinating and administering the state plans for controlling the use and abuse of alcohol, tobacco, and other drugs. In addition, DAODAS utilizes county alcohol and drug abuse authorities designated pursuant to Section 61-12-20 to assist in carrying out this responsibility. The department's mission statement is based on this mandate and reflects input from senior management at DAODAS, staff, and local service providers.

To accomplish the department's mission, DAODAS has, through its strategic planning efforts, implemented a set of guiding principles and overarching goals that focuses on the care and well being of all South Carolinians. Working in collaboration with the department's quality management staff, each program area has set reasonable goals and measurable objectives, which focus on outcomes. The department's management team has reviewed these strategies and made adjustments to coincide with the agency's mission and overarching goals.

We believe DAODAS has complied with the guidelines for this year's Accountability Report. However, if there are any questions regarding this report, please contact Sonny Sanders, Legislative Liaison (896-6000), or Stephen L. Dutton, Consultant (896-1142). Both are designated as the department's contact.

Thank you for the opportunity to share what we are accomplishing at DAODAS.

Sincerely,

Rick C. Wade  
Director

RCW/sld

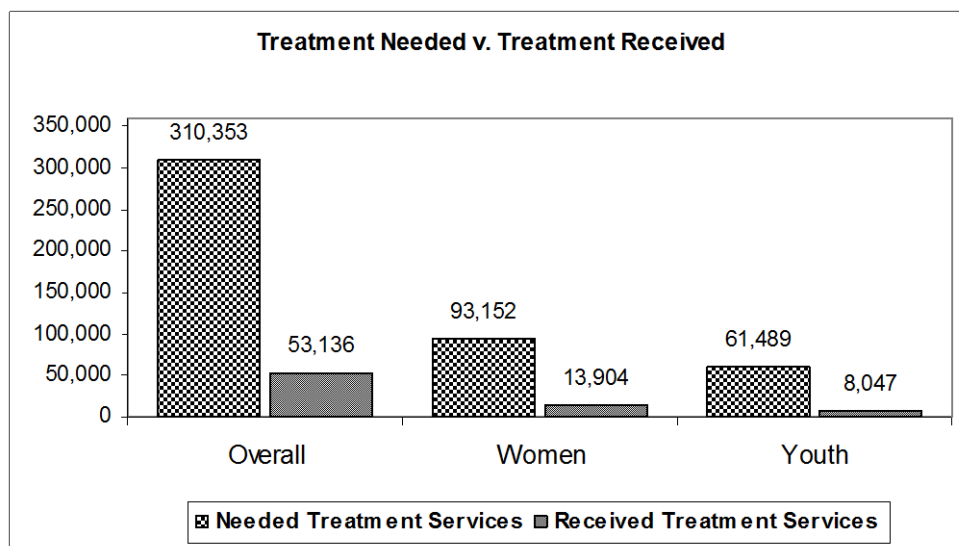
## Executive Summary

### Overview

The use of alcohol, tobacco, and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. Because of this, we, as citizens, pay the bill for the direct and indirect costs of substance abuse. In South Carolina, that bill adds up to approximately \$2.5 billion per year.

In other words, every person over the age of 18 in South Carolina spends about \$1,000 each year to pay for the costs associated with the abuse of alcohol, tobacco, and other drugs. These costs are reflected in artificially increased prices for all goods and services (because substance abusers are absent from work more often and are less productive when they are at work); higher taxes (for additional police and jails to deal with drunk driving and other drug-related arrests); property losses (due to thefts for drug money or automobile accidents); and higher healthcare costs (to cover the cost of abusers who use the healthcare system more extensively than non-abusers).

DAODAS estimates that approximately 310,000 individuals in South Carolina are currently experiencing substance abuse problems that warrant intervention and treatment. However, the DAODAS provider system (county alcohol and drug abuse authorities) has only been able to reach just over 53,000 of these South Carolinians during FY00. Of those needing treatment, the provider system had the most difficulty in reaching youth, followed by women and the general population.



*(Source: DAODAS Division of Management Information and Research; FY2000 Unique Unduplicated Clients, DCSL based, Special Demographics.)*

To meet the demand of providing services to an expanding population, DAODAS has taken a proactive position. During the last year, DAODAS redefined its mission statement to better focus on the citizen-client. The citizen-client is the most important customer of the services provided through the county alcohol and drug abuse authorities. In addition, the department set several new guiding principles that outlined how the agency and its employees will conduct business. Among others, these principles include providing statewide leadership on all substance use and addiction issues, working collaboratively with both the public and private system of substance abuse providers, and collaborating more effectively with sister state agencies to achieve positive outcomes for its common clients. Agency employees are to be mission focused, proactive, and effective communicators. DAODAS is further meeting the challenge of providing services to an expanding population by increasing public awareness of the agency's provider system and its continuum of alcohol and drug abuse services.

The agency has also refined its strategic planning process, thereby setting a course of action for 2001 and beyond. The department believes it important to continue to improve existing services through outcome evaluation, in particular, by measuring the impact that DAODAS and its provider system have on the citizen-client served. As a result of its refined strategic planning process, the department implemented for FY01 several efficiency measures known as the "Goals of Effectiveness." In short, these measures are treatment efficiency objectives or benchmarks that are designed to enhance client engagement and ultimately to produce better outcomes for the citizen-client. The department recognizes that retention in services is the most important indicator for successful recovery and these goals attempt to achieve this end. Again, the focus is on the citizen-client.

### **Major Program Goals**

Research has proven that the disease of addiction is both preventable and treatable. Therefore, DAODAS works to ensure the availability of a comprehensive array of alcohol and other drug abuse services through grants and contracts with various agencies and organizations. The department annually provides grants to the 34 county alcohol and drug abuse authorities, the core of DAODAS' provider network. These county authorities are the direct service providers through which the department delivers services to all 46 counties in South Carolina. One of the most important goals of this provider network is the development of a seamless continuum of care that encompasses prevention, intervention, and treatment services.

The major goal of *prevention services* is to avoid the development of problems related to the use of alcohol, tobacco and other drugs among the general public and specific high-risk groups. Services are implemented in communities and schools throughout South Carolina. Prevention services are based upon principles of sound research that identify and reduce factors that place an individual at risk, while strengthening other identified factors that protect individuals from developing a substance abuse problem.

*Intervention services* work through existing systems to identify individuals who are at risk of experiencing specific use and abuse problems and to provide educational and treatment services as needed. Examples include the School Intervention Program (ScIP) and the Alcohol and Drug Safety Action Program (ADSAP).

*Treatment services* are designed to stop the disabling effects of alcohol and other drug abuse and/or dependence and to prevent their recurrence and are tailored to meet the needs of each individual. Specific services range from outpatient treatment, which is available in every county, to specialized treatment services, such as detoxification, adolescent inpatient treatment or other residential services. Specialized services are available on a county, regional, or statewide basis.

### **Strategic Planning and Outcomes**

During FY00, the department began the task of refining its existing strategic plan. One of the immediate benefits has been the increased emphasis on client outcomes. The path to better outcomes is based on the agency's overall strategic (overarching) goals, which are: a) clients in treatment will achieve sustainable recovery, and b) citizen attitudes and behaviors will change leading them to refrain from use and abuse and to reduce harm. In support of the strategic goals and in collaboration with the county authorities, DAODAS has established statewide client outcome measures for intervention and treatment programs and is developing similar outcome measures for prevention programs. These measures include frequency of use, health status, educational/employment advances, criminal justice status, living arrangements, aftercare participation, and client satisfaction. In addition, DAODAS and the county alcohol and drug abuse authorities have implemented efficiency objectives or benchmarks designed to enhance client engagement and retention ("Goals of Effectiveness").

Another emphasis of strategic planning has been devoted to refining the county planning process, which is mandated pursuant to Section 61-12-20 of the South Carolina Code of Laws, 1976, as amended. Local providers are the designated sole agencies in the individual counties for alcohol and drug abuse planning and programming and must develop a county plan that is in accordance with the state plan for substance abuse. DAODAS sets guidelines for the county planning effort and has implemented a strategic model similar to the state strategic effort, which, for FY00-01, has focused on adolescent services and performance results.

Taken together, DAODAS has been able to tie the departmental goals of sustainable recovery and changing citizen attitudes to refrain from use and abuse and to reduce harm, to those defined for the alcohol and drug abuse authority through the "Goals of Effectiveness." These goals are linked to increasing the effectiveness of treatment and therefore, increasing good client outcomes.

The "Goals of Effectiveness" are based on clinical best practices, are considered benchmarks, and were developed by the United States Department of Health and Human Services, (United States Department of Public Health Services / The Substance Abuse and Mental Health Services Administration - The Center For Substance Abuse Treatment) and the American Society of Addiction Medicine (ASAM).

The specific benchmarks are:

- To ensure timely access to care and to engage clients in the continuum of care, clients should receive at least one unit of assessment within 2 calendar days from intake.

- Clients with an assessment should have at least one unit of service within 6 calendar days from assessment.
- Detoxification client episodes should be followed by at least one unit of service immediately (1 calendar day) after the detoxification episode.
- Residential client episodes should be followed by at least one unit of services within 6 calendar days after the end of the residential episode.

The ability of DAODAS to measure outcomes has increased over the last few years, especially with the introduction of a new statewide client database system in mid-fiscal year 1998. For fiscal year 1999 and 2000, DAODAS has been able to collect clinical, output and outcome data, from intake to discharge, on substance abuse clients and on a statewide basis. During FY00, the department also continued to track outcomes as implemented with the American Society of Addiction Medicine's Patient Placement Criteria and a statewide data base client system. There are six major areas (dimensions) that have been identified as most commonly addressed in making placement decisions and the subsequent formulation of a patient's treatment plan. Again, in FY01, the agency will be able to collect even more data as based on the statewide client outcome measures for intervention and treatment programs and the treatment efficiency measures, along with those tracked as based on the ASAM criteria.

Two outcomes that the department is proud to have achieved have resulted from implementation of *The Bridge* program, the department's transitional treatment program for juveniles released from a Department of Juvenile Justice (DJJ) facility and or an inpatient adolescent treatment program. The second highlighted outcome is a direct result of departmental efforts to reduce youth access to tobacco.

*The Bridge*, a nationally recognized program, positively impacts juveniles with substance abuse problems and has seen the recidivism rate of its graduates decline from 11.7% in fiscal year 1998 to 9.6% in fiscal year 1999 and 2000. The same rate for juveniles who have not participated in program is estimated to be 40%, or four times higher. In practical terms, this means that a Bridge graduate is much less likely to become a burden on society and a threat to others by abusing substances, engaging in criminal activity and unhealthy behavior, and becoming an unproductive adult.

Federal law requires that states annually conduct random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state's law (§16-17-500) that bars retail establishments from selling tobacco products to minors. Beginning in 1994, the department has reduced the buy rate from 64% (1994) to 18.7% in FY00. This exceeds the federally mandated buy rate of 20%. If this could not have been achieved, South Carolina could have lost approximately \$7 million in federal funding for alcohol and drug abuse prevention, intervention and treatment services.

### **Interagency Collaboration**

DAODAS has continued to work with numerous agencies and organizations to reduce the negative consequences of alcohol and drug abuse for South Carolinians.

First and foremost, the agency partners with 34 county alcohol and drug abuse authorities across South Carolina to provide prevention, intervention, and treatment services to South Carolinians. This special relationship is the basis for one of the strongest substance abuse provider systems nationwide. Each local alcohol and drug abuse authority is an integral part of the department's efforts to achieve the best outcome for the citizen-client.

DAODAS also partners with a number of community organizations and non-301 direct service providers to complement the services provided by the county alcohol and drug abuse authorities. These entities represent grassroots organizations, community coalitions and direct treatment providers – all meeting the call for needed substance abuse services, whether in communities or in schools. During FY00, the department also undertook a new initiative to work more closely with the faith community.

The development of this relationship with community coalitions and with the faith community has been especially significant. FY00 was the first year that the department contracted with community coalitions to undertake grass root efforts at developing and implementing prevention activities that focused on protective factors, such as mentoring, conflict resolution, gang resistance, stress management, peer influence and decision making skills. The "FaithWorks" project has been instrumental in developing an infrastructure among the various faith communities to form partnerships to address alcohol and drug abuse, as well as HIV/AIDS. Five regional coordinators have been funded to lead this faith effort, with assistance from the Coalition of Black Churches.

The department continues to work with a range of state and local government agencies to address the issues that arise with common clients. This includes efforts with the State Department of Education in regard to the School Intervention Program (ScIP), which identifies 7<sup>th</sup> through 12<sup>th</sup> grade students who are at risk for substance abuse problems. DAODAS also provides grants to law enforcement agencies to assist with the department's efforts to reduce the youth access to tobacco rate and provides grants to the criminal justice system to develop and operate drug courts for the treatment of criminal offenders with substance abuse problems. DAODAS also works to ensure that continuing care services are available for criminal offenders upon their release from prison through a collaborative effort with the Department of Probation, Parole and Pardon Services, the Department of Corrections, and the Department of Public Safety.

Perhaps one of the most successful collaboration projects, DAODAS has continued efforts to provide treatment services for juvenile offenders who are under the jurisdiction of the Department of Juvenile Justice (DJJ). During FY00, the department worked with DJJ to expand the agency's Omega Therapeutic Community (OTC) into a comprehensive therapeutic unit with the potential to treat over 160 youth that have substance abuse problems. This effort also includes an aftercare component so that youth can continue in treatment upon their release.

The department partnered with the South Carolina Department of Social Services (DSS) to identify individuals who are eligible to receive Temporary Assistance to Needy Families (TANF) and who are in need of alcohol and other drug case management services. This partnership allows TANF recipients to receive wrap-around services that foster family self-sufficiency. Specifically, these services assist women and their children through their recovery process.

DAODAS also established a Recovering Professionals Program (RPP) in collaboration with the South Carolina Board of Medical Examiners, the South Carolina Board of Nursing, the South Carolina Board of Pharmacy and the South Carolina Board of Dentistry, the South Carolina Department of Labor, Licensing and Regulation, and the South Carolina Society of Addiction Medicine. RPP is a confidential referral and monitoring program for licensed healthcare professionals, specifically, physicians, nurses, pharmacists and dentists in South Carolina, who are suffering from alcohol or other drug dependence and/or mental illness. The program offers an effective way to ensure that impaired professionals receive the help they need and is committed to protecting the public's safety through the early identification of health professionals who are in need of treatment.

DAODAS continues to partner with the Department of Health and Human Services to monitor the delivery of substance abuse inpatient and outpatient treatment services for the state's Medicaid-eligible population. This partnership represents the department's managed care effort.

Finally, DAODAS increased its role in national and regional efforts and organizations to fight substance abuse. Rick C. Wade, Director of DAODAS, was appointed as the Vice-Chair of the Community Anti-Drug Coalitions of America (CADCA) Coalition Advisory Committee, a principal national substance abuse prevention organization working with community based coalitions. DAODAS also increased its commitment to, and collaboration with, the Southeastern School for Alcohol and Drug Abuse Studies, the Southeast Center for the Application of Prevention Technologies, the Southeast Addiction Technology Transfer Center, and the National Prevention Network's Prevention Research conferences in order to share the latest research findings and science-based prevention and treatment best practices.

### Conclusion

The remainder of the report details the above accomplishments, while also addressing the requirements as described within the Malcom Baldrige National Quality Award Criteria and the challenges that the agency faces in meeting these criteria.



## **Mission Statement**

*To ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions. (Effective June 2000)*

### **Core Values**

Respect  
Integrity  
Dedication

### **Guiding Principles**

- *Addictions are preventable and treatable diseases*
- *The citizen-client is always the priority*

The agency will:

- *Provide statewide leadership and assistance on substance use and addiction issues.*
- *Work collaboratively with the provider system and other partners.*
- *Foster the special relationship between DAODAS and the state's system of local providers.*
- *Collaboratively ensure a system of accountability for both DAODAS and the county providers.*
- *Value its employees by providing recognition and professional development in a supportive work environment*

Agency employees will be:

- *Mission-focused*
- *Professional*
- *Culturally competent*
- *Team workers*
- *Proactive*
- *Effective communicators*

### **Overarching Goals**

*Clients in treatment will achieve sustainable recovery*

*City attitudes and behaviors will change leading them to:*

- *Refrain from use (abstinence)*
- *Refrain from abuse*
- *Reduce harm*

## **Leadership System**

During FY00, DAODAS embarked on a refinement of its strategic plan to take the department into the new millennium. Understanding that DAODAS must become an organization that functions with a high level of effectiveness and accountability, senior management realigned the department's structure and developed a framework for implementing performance indicators that allows the department to measure service effectiveness, fiscal efficiency and accountability, and a system that communicates opportunities for decision making across the divisions of the department. Senior management, staff and stakeholders began the task of redefining a common focus (mission, vision, guiding principles/core values) for the agency, which would then be integrated throughout the strategic planning process and the agency. Furthermore, senior management, staff, and stakeholders set internal goals and developed a strategic planning and management model that is based on best practice and centered on an evaluation process that supports continuous quality improvement and accountability, and utilizes these results in decision making.

Several tasks were accomplished during FY00. Working with an external consultant, senior management was able to begin to assess the agency's philosophy and mission, strengths and weaknesses, potential for change, and divisional responsibilities. The assessment further enabled management to begin to determine what initial changes were needed to meet the immediate challenges, to define future challenges for the department, and to begin to define the desired outcomes for the next five years.

Through extensive discussions, along with participation of senior agency leaders, staff, and external partners, the department developed a refined mission statement, delineated core values, set guiding principles and overarching goals. Effective June of 2000, the department's mission statement is as follows:

*"To ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions."*

Respect, integrity and dedication are the agency's core values. Agency guiding principles include two major premises: addictions are preventable and treatable diseases; and the citizen-client is always the priority.

This refinement process has also resulted in the development of overarching, or strategic goals, for DAODAS and its contract providers to embrace. The overarching goals are characterized by sustainable recovery and changing citizen attitudes and behaviors to refrain from use, abuse, and to reduce harm. In support of the overarching goals, the department has established statewide client outcome measures for intervention and treatment programs. These have been adopted and implemented throughout the alcohol and drug abuse provider system, along with the "Goals of Effectiveness," which are linked to increasing the effectiveness of treatment and therefore, increasing positive client outcomes. These outcome measures and customer satisfaction and efficiency objectives will allow the department to systematically measure the performance of the state alcohol and drug abuse system and to undertake appropriate programming and fiscal measures to ensure that the mission and overarching goals of the department are being addressed.

Again, these accomplishments are the result of senior management's focus on future directions and the need for effectiveness, efficiency and accountability.

Senior management realizes that the strategic planning process is dynamic in nature and that the process leads to multiple outputs and actions that take place during implementation. The refinement of the strategic planning process will continue in FY01 with the development of process action plans and the setting of internal goals and objectives to enhance continuous quality improvement.

Senior management also participates in internal and external committees and subcommittees. As part of the strategic planning process, senior management has been instrumental in helping to set county planning guidelines. Operationally, senior leadership participates in staffing committees that problem-solve when a critical situation arises; and participates in all external committees to resolve policy or programmatic issues as related the alcohol and drug abuse provider system.

#### Challenge

Throughout FY01, the department will undertake, through its strategic planning process, an effort to better understand those critical elements of the agency's customer base as well as performance data. The aforementioned "Goals of Effectiveness" and client outcome measures will offer a unique opportunity to use objective data in assisting the alcohol and drug abuse provider to serve the citizen-client. Emphasis will be focused on the linkage of the two areas and how best to increase performance and satisfaction.

### **Customer Focus and Satisfaction**

*(Source: DAODAS Planning and Quality Management Section.)*

In an effort to focus on customer needs and customer satisfaction, DAODAS continues to use the principles of continuous quality management to assist the department in providing customer-focused services. DAODAS has identified its customers to include the citizen-client, their family members, county substance abuse authorities, state agencies with common citizen-clients, state and federal officials, and the South Carolina citizenry at large.

The strategic planning process has incorporated a larger number of venues through which local providers (stakeholders) can provide input regarding the department's direction. This improves the department's ability to serve as an effective leader in the substance abuse field, a guiding principle defined by senior management, and it improves external communication.

In addition, the annual coordinated county review process has provided DAODAS with an invaluable opportunity to identify and address the concerns of the county alcohol and drug abuse authorities firsthand. A customer feedback survey is included as part of the review package that each county authority receives after the review is completed. The county authorities are encouraged to rate DAODAS on its effectiveness during the review. The fiscal year 2000 survey indicates that 89% of respondents feel the review process was beneficial to their agency as meeting the needs of their staff. In FY00, the county feedback also reflected that reviews focusing on providing technical assistance were helpful in maintaining continuous quality

improvement. For FY01, the department has implemented a more consultative process to maintain this positive response.

Another benefit for the department of the refined strategic planning process has been realized in gaining the knowledge of what is critical to the alcohol and drug abuse provider's perspective as a customer group. While setting the FY01 planning guidelines for the alcohol and drug abuse providers, the department interviewed each region as to their requirements and asked for feedback on how best to implement certain performance measures and outcomes. The process resulted in the increased accountability for the expenditure of federal and state dollars, while it also increased communication between the department and one of its main customers.

The county substance abuse authorities utilize various survey instruments to measure customer satisfaction. Most of these instruments measure the satisfaction of clients with their facilities, accessibility, courtesy, professionalism, and treatment results. To determine an overall rating of satisfaction with services provided by the county authorities, DAODAS reviews the county plans submitted to the department each year. The following objective has been established.

- At least 95% of the clients gave an overall rating of satisfactory or above to the services received from the county substance abuse authorities.

#### **Customer Satisfaction Objective and Results**

Customer Satisfaction			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
89%	90%	95.8%	95%	95%	95%	95%	95%

*(Note: The FY 2000 rating of 95.8% surpassed the F00 objective of 90% and is now the benchmark for achieving customer satisfaction. The objective for FY01-05 is for the local substance abuse authorities to continue to achieve this benchmark.)*

#### **Challenges**

For FY01, the department will undertake, through its strategic planning process, an effort to better understand the critical elements of the agency's customer base. The department will expand its forums for collecting critical customer information to better understand their requirements, plus attempt to set specific measures of satisfaction.

### **Additional Baldrige Performance Excellence Criteria**

#### **Strategic Planning**

Beginning in 1994, the department initiated its first strategic planning process to meet the challenges of a changing behavioral health care field. The department feels that strategic planning is a continuous quality improvement process that relies on input from stakeholders at various levels, including providers, private concerns, other state agencies, and technological resources. A "team concept" was at the heart of this initial process, which the department adopted to reinforce its strengths and to take advantage of the opportunities afforded by the changing field of behavioral health care. Overall, this process provided DAODAS and the county alcohol and drug abuse authorities with a means to develop a course of action for the

future, to set clear values, to define critical issues, and to set realistic goals and objectives to address those critical issues.

In 1998, the department revisited the strategic planning process and began to refine its critical issues. Due to administration changes in early 1999, the process continued under the leadership of a new agency director and senior leadership. As stated, during FY00, the department contracted with an outside consultant to assist in refining the strategic planning and county planning process. Extensive interviews were held with senior management and a cross-section of agency middle management and front-line staff. The result was an assessment of the agency's culture, current philosophy and mission, strengths and weaknesses, issues facing the department, the potential for positive change, and the identification of desired outcomes over the next five years.

From this assessment, a new mission statement was refined, core values developed, along with guiding principles and overarching goals (outcomes). In addition, these standards were presented to the local alcohol and drug abuse providers for their input and feedback. All 34 providers (5 regions) were able to comment on the direction of the strategic plan for 2001 and the department was able to gain invaluable insight in setting long term goals and objectives.

### Challenges

The strategic planning effort remains a dynamic process with many activities underway. During FY01, the agency will begin the task of assessing the various divisional roles and responsibilities to support the achievement of agency goals and objectives and to determine what additional tools are needed to accomplish the overarching goals, defined outcome measures and guiding principles. Strategic planning will become the focus for senior management over the six months. In addition, the department's various divisions are defining action plans for 2001, identifying success indicators, while also developing and implementing a monitoring process for evaluating outcomes. All of these efforts will result in a more focused county planning process for the FY02 funding cycle.

### Information and Analysis

The department has tracked certain outcome measures since the implementation of the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria. There are six areas (dimensions) that have been identified as most commonly addressed in making placement decisions and the subsequent formulation of a patient's treatment plan, and are considered benchmarks in positive outcomes for successful treatment. These areas include acute intoxication/withdrawal; biomedical conditions/complications; emotional/behavioral conditions/complications; treatment acceptance/resistance; relapse/continued use potential; and recovery environment. These benchmarks are based on extensive research completed over the last 20 years that culminated in the first publication of the criteria in 1991, and a second edition in 1997. The department began to use ASAM on July 1, 1997.

As discussed, additional measures have been identified and are being tracked for FY01 – these include the statewide client outcome measures for intervention and treatment programs and the “Goals of Effectiveness,” benchmarks that are meant to improve timely access to care and to

engage clients in the continuum of care. The efficiency benchmarks will enable the department to set baseline data during FY01, to refine this data in FY02, and to present more comprehensive comparison data in FY03. The statewide outcome data set will be fully automated in FY02, enable the agency to set benchmarks in FY03, and to optimally measure performance by FY04.

The department also gathers data based on completing annual coordinated county reviews. Each year, a team of department professionals covers the state to provide oversight and technical assistance to the 34 local alcohol and drug abuse providers. The department further utilizes this process to identify best practices (benchmarks) for replication throughout the state. In addition, information is gathered and analyzed from this process that assists the department in planning for future needs and identifying programmatic or financial issues areas which may need to be addressed on a local, regional or statewide basis. For example, the department was able to identify several indicators in the treatment plan arena that will be targeted for statewide training seminars during FY01.

Finally, with the introduction of a new statewide client database system in mid-fiscal year 1998, DAODAS has been able to collect clinical output and outcome data, from intake to discharge, on substance abuse clients on a statewide basis, which enables departmental staff to access real-time data. This allows program managers the opportunity to measure data throughout the year and to make program adjustments in order to meet established benchmarks and outcomes.

#### Challenges

For FY01, the department, through its strategic planning process, will be working to set individual program outcomes, to assess if the agency is measuring the right indicators, continue to search for key benchmarks, and to effectively use data in the daily operation of the agency.

#### Human Resource Focus

To promote collaboration, initiative, and flexibility, DAODAS has implemented a variety of work processes. These include forming teams to look at issues relating to programs and services and internal policy and procedure. These teams determine viable solutions, which are presented to senior management as recommendations for implementation. In addition, to allow employees to participate in these focus groups as well as perform the functions of his or her job, while maintaining a balance between work, family and outside activities, the agency allows a flexible work schedule.

The State Employee Performance Management System is a tool for evaluating job performance for all employees. DAODAS conducts yearly trainings for employees to encourage ongoing communication and strengthen the processes. Employees have an equal level of responsibility for determining the requirements of his or her job and for the success criteria used in determining what tools and/or resources are needed. In addition, employees offer input into the actual performance by providing written accomplishments.

The agency uses a series of tools in its reward, recognition, and compensation approaches to promote excellence. The agency has recently completed a salary compensation study that compared the salaries of each employee against their peers at other state agencies. The agency

was able to determine a percentage of employees who were not being compensated at the state average (approximately 37%). The agency will compare the salaries against state averages on a yearly basis. In addition, the agency developed a hiring schedule to prevent future disparities in compensation among DAODAS employees. Incorporated into policy and procedures are several resources allowing increases based on performance and achievement.

In regard to training, DAODAS is meeting the external training needs of alcohol and drug abuse providers. During FY00, the department reinstituted the South Carolina School for Alcohol and Drug Abuse Studies and offered training to over 350 participants from a cross section of state and local agencies. These participants attended courses in several alcohol and drug abuse disciplines. In addition, the agency formed a training subcommittee designed to work together to assess the educational and training needs of the local alcohol and drug abuse system and will continue working with this committee throughout FY01.

### Challenges

DAODAS has recently developed an internal professional development plan for implementation in FY01 to increase marketable strengths and skills and to help to create personal career ladders. This plan addresses four basic types of trainings fundamental to organizational growth: Quality Improvement Training, Leadership Training, General Training, and Technical Training. In conjunction with this plan, employees will also have the opportunity to participate in cross training, which will ultimately reinforce job knowledge and skills.

The agency will explore and entertain thoughts of an employee satisfaction questionnaire. Currently, employees are strongly encouraged to communicate with his or her supervisor on matters regarding employee satisfaction. In addition, upon an employee's resignation from the department, he or she is encouraged to participate in an exit interview, which includes rating the performance of the agency.

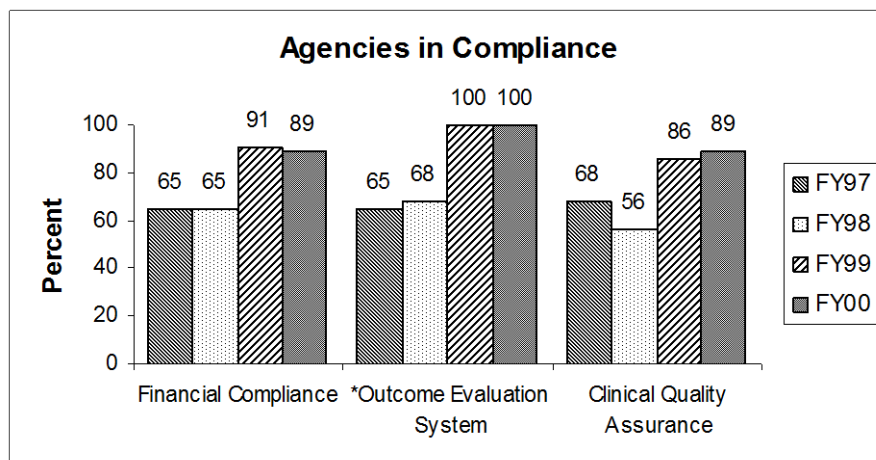
### Quality Management

The department has for many years focused on quality programming in the prevention, intervention and treatment of alcohol and other drug services. The department utilizes many tools to ensure quality programs and excellence and has set performance standards for many of its programming elements.

First and foremost, the agency requires all 34 of the county alcohol and drug abuse authorities to be nationally accredited by CARF: The Rehabilitation Accreditation Commission, a nationally recognized authority on, and promoter of, quality services for people with disabilities. In 1997, South Carolina became the second state in the nation to achieve national accreditation for the entire statewide public substance abuse service delivery system and the first state in which all providers achieved accreditation on their first attempt. Requiring national accreditation is an integral part of this department's overall strategy to raise performance standards of providers in an effort to ensure that federal and state funded substance abuse services are delivered in a high quality manner.

Since 1993, the agency has also required that the 34 county substance abuse providers implement administrative and programmatic service Quality Assurance (QA) Standards. With this effort, the department began the process of internalizing a continuous quality improvement culture into the fabric of strategic planning and daily operations. Greater accountability and attention to cost efficiency and program effectiveness have refocused the results needed from quality assurance efforts. The QA Standards define the level of quality expected from each provider and complements the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, the current CARF standards, and DHEC regulation, 61-93, "Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons."

The aforementioned coordinated county review is also used as a method of measuring performance, ensuring accountability, and identifying customer needs. The following chart shows the main areas of concern for the department and the levels of compliance by the county authorities for the last four fiscal years.



(Note: The 100% compliance for outcome evaluation indicates that all county substance abuse authorities have systems in place to track outcome data and are using their data to make management decisions. Source: DAODAS Planning and Quality Management Section; Coordinated County Review Results.)

### Challenges

For FY01, the department will, through its strategic planning process, focus further efforts on identifying critical processes for various programs so that the agency can work toward increasing program performance and customer satisfaction.

### Key Results

With the exception of *The Bridge* and adolescent service programs, the department has collapsed performance indicator data and key results into the dominant program areas universally tracked by the department. This includes the areas of prevention, ADSAP, community-based treatment (intervention and outpatient services), intensive outpatient services, residential services and detoxification services.



In collapsing the specific program areas into the universal, or macro program areas, the department has merged outcome data and recalibrated projected objectives where necessary. The objectives throughout this report could be refined in later years as additional data become available, especially as compared to nationally recognized benchmarks.

**Program Name** The Bridge

*In FY 2000, the Charleston Center, Dawn Center (Bamberg, Calhoun, and Orangeburg), Lexington/Richland Alcohol and Drug Abuse Council, and Spartanburg Alcohol and Drug Abuse Commission, delivered this program's specialized outpatient treatment services to adolescents for DAODAS.*

**Program Cost**

State	Appropriations Act	\$300,000
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$403,754</u>
Total		<u>\$703,754</u>

**Program Goal**

To increase the chances of an adolescent's successful reintegration into the home and community following release from a juvenile justice or residential/inpatient treatment facility in an effort to reduce the risk of recidivism.

To reduce an adolescent's risk of recidivism by working with the family and providing a gradual "step down" transition from an institutional setting.

To improve the life skills of an adolescent through positive recreational development, vocational training, and employment assistance.

**Program Objectives and Results**

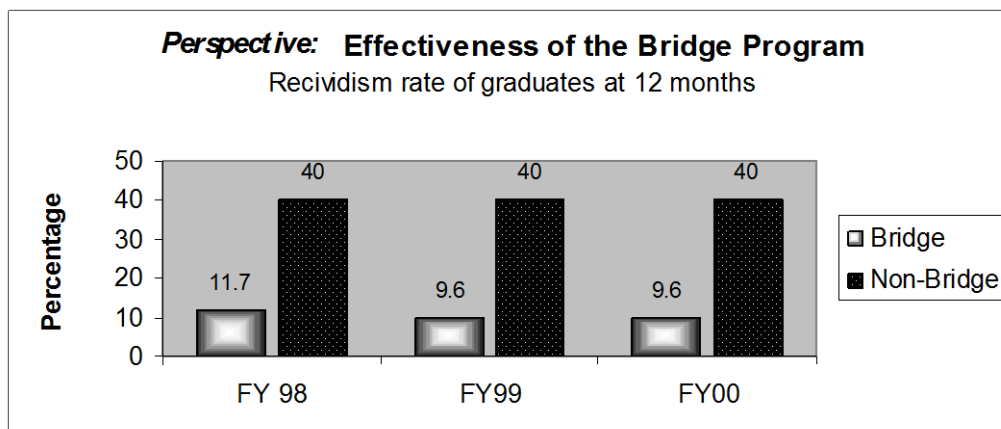
*(Source: Maria McCall, Independent Evaluator.)*

1) To reduce the percentage of Bridge graduates in FY2000 who continue to use alcohol, tobacco, and other drugs.

Outcomes	FY98	FY99	FY00
Abstinence of Clients at Graduation	75%	75%	77%
Reduction in Use at Graduation	13%	13%	13%
Reduction Rate of All Graduates	88%	88%	90%

2) To reduce the percentage of Bridge graduates in FY2000 are reincarcerated in a juvenile institution or readmitted to a residential or inpatient treatment facility.

Outcomes	FY98	FY99	FY00
Recidivism Rate at 12 Months	11.7%	9.6%	9.6%
Recidivism Rate of All Graduates	12.1%	11.4%	12.0%



3) To increase the percentage of Bridge graduates in FY2000 who are employed.

Outcomes	FY98	FY99	FY00
Employed at Graduation	73%	71%	72%
Employed Full-time at Graduation	56%	55%	53%

4) To reduce the percentage of Bridge graduates in FY2000 who drop out of school.

Outcomes	FY98	FY99	FY00
Education Enrollment at Graduation	89%	58%	63%
Completion of GED or High School	25%	25%	21%

*Note: The Bridge Program has expanded the eligibility criteria to include young people age 17 and older, which had a direct impact on the education enrollment indicator. Services provided to these participants are focused on life skills (employment/job training), rather than on educational skills. In other words, the deep education deficits lead the program to offer life-sustaining skills. In addition, zero tolerance policies of local school districts do not allow some of these teens to return to school. By the very nature of what brings these teens into the program, it decreases the teens' access to schools, especially in the absence of alternative schools. These teens are not dropouts, but are kept out of school due to district policy. Again, life skills become the focus for wrap-around services provided to these participants.*

Efficiency Measure	FY98	FY99	FY00
Cost Per Client for 1 Year of Service	\$2,273	\$2,038	\$2,038

Proviso Stipulations (Part IB,12.4)	FY98	FY99	FY00
Fees Collected	\$9,500	\$15,500	\$49,000
Hours of Community Service	100	190	600

**Baldrige Highlights:** *The Bridge* is the best practice for providing services to adolescents who have been incarcerated and released from a juvenile justice institution or an adolescent inpatient treatment center. It has been named a best practice by three organizations, including, the American Probation, Pardon and Parole Association, the Office of Juvenile Justice Delinquency and Prevention, and the American Mental Health Association.

Two areas of criteria have been addressed with the implementation of the program. Financially, the department estimates that *The Bridge* has cumulatively saved the state of South Carolina close to \$3 million in incarceration costs at the Department of Juvenile Justice (DJJ), as it costs \$36,000 a year to incarcerate a youth at DJJ while only \$2,038 for one year of treatment in the program.

In addition, the department has successfully partnered with DJJ and the alcohol and drug abuse provider network to implement the program; this partnership increases DJJ's performance through lower recidivism rates while also addressing a key problem with the incarcerated juvenile population. The community partner's (substance abuse provider) performance is enhanced as the program's concepts can be replicated into other adolescent program elements within the community.

**Program Name****Adolescent Services**

*State and national indicators reflect an increase in the use of illicit drugs. Over 55,000 youth between the ages of 12-17 are estimated to have substance abuse problems. During FY00, the agency only served 13% of the total youth population needing alcohol and drug abuse services, which leaves roughly 48,000 of South Carolina's youth still in need of some level of immediate service.*

*In FY 2000, 32 of the 34 county substance abuse authorities delivered school intervention services (ScIP) to high-risk adolescents for DAODAS.*

**Program Cost**

State	Education Improvement Act	\$ 881,697
	Appropriations Act	<u>\$ 64,762</u>
	Subtotal	<u>\$ 946,459</u>
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$ 137,868</u>
Total		<u>\$1,084,327</u>

**Program Goals**

To provide intervention and treatment services for high-risk students in 7<sup>th</sup> through 12<sup>th</sup> grades that will:

Reduce the use of alcohol and other drugs.

To reduce high-risk sexual activity associated with teenage pregnancies and sexually transmitted diseases (STDs) including HIV/AIDS.

To reduce violent behavior.

To improve life skills.

To increase the likelihood of adapting and functioning successfully in school and the community at large.

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**Program Name****Adolescent Intensive Outpatient Treatment**

*The Charleston Center, Lexington/Richland Alcohol and Drug Abuse Council, Spartanburg Alcohol and Drug Abuse Commission, and the Dawn Center (Orangeburg, Bamberg, and Calhoun Counties) delivered these services for DAODAS in FY 2000.*

**Program Cost**

Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$216,750</u>
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(Note: This figure is also included in the General IOP Line Item)

**Program Goals**

To provide intensive, yet cost-effective, outpatient services to adolescents who are in need of more extensive services than are offered through traditional outpatient counseling.

To provide an intensive treatment program for adolescents who have the support systems in place that allow them to remain at home while receiving services for problems related to their use of alcohol and/or other drugs.

To provide a minimum of 9 hours per week of structured day or evening treatment.

To provide services to include group and family counseling, life skills development, and orientation to self-help groups.

To provide a safe, supportive environment for adolescents to begin the recovery process.

To provide essential education and treatment components while allowing adolescents to apply newly acquired skills within “real world” environments.

**Program Name** Adolescent Inpatient Services

*The William J. McCord Adolescent Treatment Facility in Orangeburg, a 15-bed inpatient treatment program for adolescents, delivered these services for DAODAS in FY 2000.*

**Program Cost**

State	Appropriations	\$173,825
Federal	Substance Abuse Prevention and Treatment Block Grant	\$541,538
Total		<u>\$715,363</u>

**Program Goal**

To provide short-term medically monitored treatment in a highly structured environment for adolescents who need alcohol and other drug rehabilitative services.

To provide counseling services, including individual, group and family, on a regular basis to meet the specific treatment needs of each individual.

To increase the adolescent’s likelihood of recovery, reduce the risk of relapse, and facilitate a successful return to the community.

To provide a plan for continuing care to include referrals for follow-up treatment and involvement in self-help groups following discharge from inpatient care.

**Program Objectives and Results**

*(Source: DAODAS Division of Management Information and Research. The following reflects the outcomes and objectives of all services delivered to adolescents and include any adolescent between the ages of 12-17.999 who received any service. Discrete programs include ScIP, adolescent intensive outpatient (AIOP), and adolescent inpatient treatment. Outcomes and objectives for these programs were merged, as the department has reported on the macro level for FY00.)*

1) To increase the percentage of adolescent clients in FY2000 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
28%	40%	42%	45%	47%	50%	53%	55%

2) To increase the percentage of adolescent clients in FY2000 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
27%	35%	38%	40%	43%	45%	47%	50%

3) To increase the percentage of adolescent clients in FY2000 who demonstrate significant improvement on a severity scale of improved health from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
15%	35%	36%	38%	40%	43%	45%	48%

4) To increase the percent reduction in reported educational problems from admission to discharge among adolescent clients in FY2000.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
8%	20%	23%	25%	30%	35%	40%	45%

### Process Information

Outputs	FY97	FY98	FY99	FY00
All Adolescent Clients	6,852	6,986	6,812	7,040
Hours of Service Provided	77,571	94,684	98,449	91,847

(Note: This report indicates the total number of adolescent served during the previous fiscal years. Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL Based.)

Medically Monitored (Level III.7 / Inpatient Clinic)	FY1997	FY1998	FY1999	FY00
Number of Clients	131	168	171	157
Number of Bed Days	3,171	3,606	4,186	4,793
Bed Days Per Client	24.2	21.5	24.5	30.5

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL Based; Bed Days Per Unique Unduplicated Client.)

**Baldrige Highlights:** The school intervention program (ScIP) successfully partners with 84 school districts and over 630 schools.

Customer satisfaction surveys implemented by the 32 substance abuse providers who provide this service indicate that ScIP clients were generally satisfied with program services and felt their progress was sustained. Independent data showed that over 79% of clients demonstrated improvements in academic performance and decreases in disciplinary referrals.

**Program Name** Prevention Services

**Program Cost**

State	Education Improvement Act (DARE)	\$ 22,300
	Subtotal	<u>\$ 22,300</u>
Federal	Substance Abuse Prevention and Treatment Block Grant	\$3,810,703
	Safe and Drug-Free Schools and Communities Act	\$1,091,634
	Other	<u>\$ 354,528</u>
	Subtotal	<u>\$5,256,865</u>
Total		<u>\$5,279,165</u>

**Program Goals**

To reduce the problems associated with alcohol, tobacco, and other drug (ATOD) abuse through:

- 1) Reducing the level of access that South Carolina children and youth have to tobacco products through retail establishments and other means of purchase or possession (federal Synar regulation).
- 2) Increasing the public's awareness of the problems with ATOD abuse by continued media efforts, such as SC Prevents and the Partnership for a Drug-Free South Carolina.
- 3) Providing the DARE Program – a highly structured, 17-hour curriculum delivered by experienced law enforcement officers to 5<sup>th</sup> and 6<sup>th</sup> grade students.
- 4) Providing intensive, interactive training of students and their adult advisors in the development and implementation of local youth-focused ATOD prevention projects, such as the South Carolina Teen Institute, Youth Prevention Initiatives, Community Coalition Grant Program, Keeping Kids Involved in Drug-Free Sports, and Combating Underage Drinking.
- 5) Decreasing risk factors and increasing protective factors in selected communities.

**Program Objectives and Results**

1) To reduce or maintain a youth access to tobacco rate of 20 percent by federal FY2000.

Outcomes							Objectives	
FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02
63.2%	54.2%	41.3%	22.6%	24.7%	19.8%	18.7%	20%	20%

(Source: DAODAS; South Carolina Youth Access to Tobacco Study.)

**Baldrige Highlights:** Two areas of criteria have been addressed by the department in terms of agency specific results/financial results and partner results. Since 1994, the department has been federally required to reduce youth access to tobacco in South Carolina, or face the risk of losing \$7 million of its federal block grant award. The dramatic results are specific to one of the agency's overarching goal of reducing use, abuse and harm for all South Carolinians. To that end, the department has surpassed its expectations of the federally mandated 20% buy rate, achieving an 18.7% rate for FY2000. Through various prevention strategies, the department has reduced youth access to tobacco. In addition, by partnering with the local alcohol and drug abuse providers and directly involving teenage youth in this process, the department has increased awareness of the problem in South Carolina and impacted successful prevention efforts on the community level.

2) To obtain pledges of 50,000 print and media insertions of public service messages throughout South Carolina in FY2000.

Outputs		
FY98	FY99	FY00
50,000	50,000	50,000

(Source: DAODAS Communications Section.)

3) To increase the percentage of 5<sup>th</sup> and/or 6<sup>th</sup> grade students in South Carolina who successfully complete the DARE curriculum in FY2000.

Outputs			Objectives			
FY98	FY99	FY00	FY01	FY02	FY03	FY04
80%	80%	84%	86%	89%	92%	95%

(Source: South Carolina State Law Enforcement Division.)

4) To increase the percentage of Teen Institute Teams who demonstrate successful implementation of prevention initiatives in FY2000.

Outputs			Objectives			
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
83%	85%	87.5%	87%	88%	89%	90%

*Note: The Action Plan Progress Survey indicates that one Teen Institute Team will impact 1,100 other students during the following school year, who can potentially affect over 70,000 other students. (Source: DAODAS Prevention Section.)*



**Name** Alcohol and Drug Safety Action Program (ADSAP)

*ADSAP is available in each of the state's 46 counties and works with the DUI offender through providing education, intervention and treatment services. FY 2000 admission and assessment data revealed that 75% of the ADSAP population had a identifiable problem with alcohol.*

**Program Cost**

State	Appropriations Act	\$ 493,847
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$ 347,071</u>
Total		<u>\$ 840,918</u>

*(Note: These funds were allocated to individual county authorities for discretionary use in ADSAP programming. However, ADSAP is primarily a fee-driven program.)*

**Program Goals**

To reduce the number of deaths, injuries, and property damage resulting from Driving Under the Influence (DUI), Boating Under the Influence (BUI), and Administrative License Revocation (ALR) violations.

To identify the incidence of alcohol and drug problems that contribute to recidivism and to provide intervention and treatment services to reduce the risk for further DUI, BUI, and ALR violations.

To promote endorsement of behavioral and attitudinal changes focusing on low risk attitudes toward alcohol and drug use.

To increase participant intention and desire to make low risk choices regarding driving and/or boating under the influence.

To ensure completion of approved offender services through interstate case management of individuals with South Carolina DUI or ALR violations who are permanent residents of another state or who attend school or work out of state.

**Program Objectives and Results**

*(Source: DAODAS Division of Management Information and Research.)*

1) To increase the percentage of ADSAP clients in FY2000 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
49%	54%	56%	58%	59%	60%	62%	65%

*(Note: South Carolina Code Section 56-5-2990 requires the department to reduce the risk of recurrent DUI incidences and to reduce the use and abuse of alcohol and other drugs.)*

2) To increase the percentage of ADSAP clients in FY2000 who demonstrate significant improvement on a severity scale of frequency of use from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
NA%	48%	54%	58%	60%	62%	64%	65%

3) To increase the percentage of ADSAP clients in FY2000 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
37%	54%	56%	58%	60%	62%	64%	65%

4) To increase the percentage of ADSAP clients in FY2000 who demonstrate significant improvement on a severity scale of improved health from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
22%	44%	49%	51%	53%	55%	60%	65%

### Process Information

Outputs	FY97	FY98	FY99	FY00
ADSAP Clients	16,655	15,038	16,742	18,223
Hours of Service Provided	178,151	171,879	188,447	224,308

*(Note: This report indicates the total number of ADSAP clients served each fiscal year, including the ADSAP clients who were carryovers from the previous fiscal year. Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL Based.)*

**Baldrige Highlight:** The ADSAP program is a key business driver for the department and the county alcohol and drug abuse authorities (direct service provider network). The ADSAP program successfully meets the agency's overarching goal of reducing harm for South Carolina citizens.

**Program Name** Community Based Intervention and Outpatient Services

*All 34 of the county substance abuse authorities, which serve the 46 counties of South Carolina, delivered assessment and referral, individual and group counseling, family counseling, case management and crisis management service for DAODAS in FY 2000. These services also include the agency's HIV intervention programs, juvenile drug court services, criminal justice services, funding for an outpatient program for chronic alcohol and drug abusers (ACT), and a pilot project for TANF recipients, outpatient service costs included here, but not included in the residential service program cost which focuses on bed-day payments.*

**Program Cost**

State	Appropriations Act	\$2,944,641
	Cost of Living Adjustments for County Providers	\$3,834,368
Federal	Substance Abuse Prevention and Treatment Block Grant	\$6,948,213
	TANF Project	<u>\$ 988,516</u>
Total		<u>\$14,715,738</u>

**Program Goals**

To provide a comprehensive array of outpatient services to individuals and family members who are experiencing personal and/or family problems as a result of alcohol and other drug use, including assessment and referral, individual and group counseling, family counseling, case management and crisis management services.

To provide continuing care services for individuals following their discharge from more intensive residential or inpatient treatment facilities.

To treat the individual's level of problem severity and achieve permanent changes in his/her alcohol and other drug-using behavior and allow for his/her return to an acceptable level of productivity.

To provide treatment and case management services for individuals who are referred to county substance abuse authorities by another agency as the result of an alcohol and other drug problem.

**Program Objectives and Results**

*(Source: DAODAS Division of Management Information and Research.)*

1) To increase the percentage of outpatient and intervention clients in FY2000 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
32%	38%	39%	43%	46%	49%	52%	55%

2) To increase the percentage of outpatient and intervention clients in FY2000 who demonstrate significant improvement on a severity scale of frequency of use from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
NA%	35%	47%	50%	53%	56%	60%	65%

3) To increase the percentage of outpatient and intervention clients in FY2000 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
34%	37%	38%	41%	44%	47%	50%	53%

4) To increase the percentage of outpatient and intervention clients in FY2000 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
31%	32%	34%	37%	40%	44%	47%	50%

5) To increase the percent reduction in reported family problems from admission to discharge among outpatient clients and intervention clients for FY2000.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
12%	21%	22%	25%	30%	35%	40%	45%

6) To increase the percent reduction in reported occupational problems from admission to discharge among outpatient clients in FY2000.

Outcomes			Objectives				
FY98	FY99	FY00	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
10%	21%	26%	30%	35%	40%	45%	50%

7) To increase the percentage of outpatient and intervention clients in FY2000 who demonstrate significant improvement on a severity scale of improved health from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
20%	30%	35%	40%	45%	50%	55%	60%

#### Process Information

Outputs	FY97	FY98	FY99	FY00
Outpatient Clients	10,781	11,678	12,904	13,573
Hours of Service Provided	75,448	91,567	119,512	121,906

(Note: The reporting for the FY99-00 was changed to include those clients who received outpatient services. ADSAP, ScIP, Bridge, EAP and TCC clients were not included in this total. Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL Based.)

**Baldrige Highlights:** The department considers the delivery of intervention and outpatient services as a key business driver and directly related to achieving the statewide client outcome measures, the overarching agency goals, and the benchmark goals of the effectiveness.

In addition, the department has achieved success in partnering with the Department of Social Services in meeting the needs of TANF recipients. During FY00, the department successfully partnered with DSS to provide transitional services to this population. The individuals now remaining on the TANF rolls are those with chronic welfare dependence. Approximately 189 TANF recipients were served by the local alcohol and drug abuse authorities, in association with local DSS offices. With this successful partnership, the department is assisting DSS in meeting their performance goal of moving TANF recipients from welfare to work.

**Program Name** Intensive Outpatient (IOP) Treatment

*There are 24 of the 34 county alcohol and drug abuse authorities that delivered IOP for DAODAS in FY 2000. In addition to regular IOP, there are 11 IOPs specifically operated for women and four operated for adolescents.*

**Program Cost**

State	Appropriations Act	\$ 233,666
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$1,697,218</u>
Total		<u>\$1,930,884</u>

**Program Goals**

To provide intensive cost-effective outpatient services to individuals who are in need of more extensive services than are offered through traditional outpatient counseling.

To provide an intensive treatment program for individuals who have the support systems in place that allow them to remain at home while receiving services for problems related to their use of alcohol and/or other drugs.

To provide a minimum of 9 hours per week of structured day or evening treatment.

To provide services to include group and family counseling, life skills development, and orientation to self-help groups.

To provide a safe, supportive environment for individuals to begin the recovery process.

To provide essential education and treatment components while allowing clients to apply newly acquired skills within "real world" environments.

**Program Objectives and Results**

*(Source: DAODAS Division of Management Information and Research.)*

1) To increase the percentage of IOP clients in FY2000 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
29%	36%	40%	42%	45%	48%	50%	55%

2) To increase the percentage of IOP clients in FY2000 who demonstrate significant improvement on a severity scale of frequency of use from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
NA%	58%	62%	65%	68%	70%	73%	75%

3) To increase the percentage of IOP clients in FY2000 who demonstrate significant improvement on a severity scale of behavioral conditions from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
27%	34%	37%	40%	43%	46%	49%	52%

4) To increase the percentage of IOP clients in FY2000 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
31%	325%	34%	37%	40%0	43%	47%	50%

5) To increase the percentage of IOP clients in FY2000 who demonstrate significant improvement on a severity scale of improved health from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
19%	33%	34%	37%	40%	43%	48%	53%

**Process Information**

Outputs	FY97	FY98	FY99	FY00
IOP Clients	4,218	4,069	3,946	3,874
Hours of Service Provided	191,716	142,767	144,586	153,151

*Note: This program serves individuals who are in need of IOP treatment and are receiving services in a general IOP or one specifically designated for adolescents or women. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL Based and receiving any IOP service.)*

**Program Name****Residential Services**

*This service represents three progressively intensive levels of care ranging from halfway houses to residential treatment. The Charleston Center, Circle Park Behavioral Health Services (Florence), Colleton County Commission on Alcohol and Drug Abuse, Dawn Center (Orangeburg, Bamberg and Calhoun Counties), The Greenville County Commission on Alcohol and Drug Abuse (Serenity Place), Lexington/Richland Alcohol and Drug Abuse Council, Omega Therapeutic Community (DJJ Inpatient Pilot Program operated by DAODAS), Rosewood (Greenville County), Shoreline Behavioral Health Services (Horry), and Westview Behavioral Health Services (Newberry) delivered these services for DAODAS in FY 2000.*

**Program Cost****Federal**

Substance Abuse Prevention and Treatment Block Grant

\$2,090,271

*(Note: This amount includes funding for TANF recipients undergoing treatment in women's residential treatment centers and one women's transitional housing project in Charleston.)*

**Program Goals**

To provide short-term therapeutic accommodations in a group setting to recovering individuals who need an interim placement following more intensive treatment and prior to returning home.

To provide counseling services in a residential setting to assist individuals in establishing a more solid program of recovery, with a particular emphasis on family participation.

To increase the individual's likelihood of recovery, reduce the risk of relapse, and facilitate a successful return to the community.

**Program Objectives and Results**

*(Source: DAODAS Division of Management Information and Research.)*

1) To increase the percentage of residential clients in FY2000 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
30%	39%	38%	40%	43%	46%	50%	55%

2) To increase the percentage of residential clients in FY2000 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
34%	39%	42%	45%	48%	53%	58%	63%

3) To increase the percentage of residential clients in FY2000 who demonstrate significant improvement on a severity scale of family supports/recovery environment from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
31	40%	40%	43%	48%	53%	58%	63%

4) To increase the percentage of residential clients in FY2000 who demonstrate significant improvement on a severity scale of improved health from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
27%	40%	53%	58%	63%	68%	73%	78%

**Process Information**

Clinically Managed to Medically Monitored (Level III.1 to III.7 / Halfway House to Inpatient Clinic)	FY1997	FY1998	FY1999	FY2000
Number of Clients	1,206	1,200	1,090	1,100
Number of Bed Days	50,878	51,601	52,575	51,567
Bed Days Per Client	42.2	43.0	48.2	46.9

*(Note: This program serves individuals who are in need of a structured living environment but are not receiving services in one of the residential treatment facilities for adolescents. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL Based.)*



**Program Name** Detoxification Services

*In FY2000, clinically managed (social setting) detox services were delivered for DAODAS at the Shoreline Behavioral Health Services (Horry), Marion/Dillon County Commission on Alcohol and Drug Abuse, Westview Behavioral Health Services (Newberry), Spartanburg Alcohol and Drug Abuse Commission, Sumter County Commission on Alcohol and Drug Abuse, and Keystone Substance Abuse Services (York). Medically monitored detox services were delivered for DAODAS at the Charleston Center, the Greenville County Commission on Alcohol and Drug Abuse and the Lexington/Richland Alcohol and Drug Abuse Council.*

**Program Cost**

State	Appropriations Act	\$ 409,820
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$1,903,823</u>
Total		<u>\$2,313,643</u>

**Program Goals**

To assist individuals who are experiencing withdrawal from the physical effects of alcohol or other drugs through supervised evaluation and withdrawal management.

To support an individual's motivation to remain in treatment by providing appropriate referrals to other components of the treatment system for aftercare.

**Program Objective and Results**

*(Source: DAODAS Management Information and Research.)*

1) To increase the percentage detox clients in FY2000 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
31%	45%	55%	56%	57%	58%	59%	60%

2) To increase the percentage of detox clients in FY2000 who demonstrate significant improvement on a severity scale of intoxication/withdrawal risk from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
61%	80%	83%	84%	85%	86%	88%	90%

3) To increase the percentage of detox clients in FY2000 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
41%	42%	55%	58%	60%	62%	64%	65%

4) To increase the percentage of detox clients in FY2000 who demonstrate significant improvement on a severity scale of recovery environment/support from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
33%	44%	48%	50%	52%	54%	55%	60%

5) To increase the percentage of detox clients in FY2000 who demonstrate significant improvement on a severity scale of improved health from admission to discharge.

Outcomes			Objectives				
FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05
45%	54%	62%	65%	68%	70%	73%	75%

**Process Information**

Detoxification Services Level III.2-D or III.7-D)	FY97	FY98	FY99	FY00
Number of Clients	4,215	3,992	3,911	4,162
Number of Bed Days	19,870	18,767	19,532	21,075
Bed Days Per Client	4.7	4.7	5.0	5.1

*Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL Based.)*